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POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/501,261
Filing Date	07/18/2004
First Name of Inventor	Francisco Jose Pineda Novella
Title	METHOD OF SENDING AND RECEIVING
Art Unit	
Examiner Name	
Attorney Docket Number	800,000

I hereby revoke all previous powers of attorney given in the above identified application.

I hereby appoint:

☒ Practitioner(s) associated with the Customer Number:

000066152

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above identified application by:

☐ The address associated with the above mentioned Customer Number

OR

☒ The address associated with Customer Number:

000058162

OR

☐ Firm or Individual Name

Address

City

Country

Telephone

State

Zip

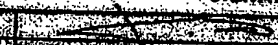
Email

I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/99)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	
Name	Francisco Jose Pineda Novella	Telephone	
Firm or Company			

NOTE: Signatures of the inventor(s) or assignee(s) of record or their representative(s) are required. See the official form instructions and instructions to signatories below.

☒ Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32, and 1.33. The information is required to obtain or retain a benefit by the basic law, 35 U.S.C. 101, and the USPTO's policies in application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is submitted in confidence. If you are not the inventor(s) or assignee(s) of record, you must complete this form and/or signatories for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9198 and select option 2.

PTO/SB/81 (01-06)
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/501,211
Filing Date	07/13/2004
First Named Inventor	Francisco Jose RICO NOVELLA
Title	METHOD OF SENDING AND VALIDATING
Art Unit	
Examiner Name	
Attorney Docket Number	600.004

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

000058152

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

000058162

OR

☐ Firm or Individual Name

Address

City

Country

Telephone

State

Zip

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Title and Company

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 6 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Approved for use through 12/31/2009. OMB 0551-0045
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Application Number	10/501,211
Filing Date	07/18/2004
First Named Inventor	Francisco Jose RICE NOVILLA
Title	METHOD OF SENDING AND VALIDATING
Art Unit	
Examiner Name	
Attorney Docket Number	600.064

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioner associated with the Customer Number:

000058152

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

000058152

OR

☐ Firm or Individual Name:

Address:

City:

Country:

State:

Zip:

Telephone:

Email:

I am the:

☒ Applicant/Inventor:

☐ Assignee of record of the entire interest. See 37 CFR 1.71, Statement under 37 CFR 1.73(b) is enclosed. (Form PTO/SB/99)

SIGNATURE OF APPLICANT or Assignee of Record

Signature		Date	
Name	JOSE FORGA ALBERT	Telephone	
Firm and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ Total of 8 forms are submitted.

The collection of information is required by 37 CFR 1.31, 1.32, and 1.33. The information is required to obtain or retain benefits by the public which is filed by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14 and 1.14. This collection is estimated to take 9 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the burden of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22312-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/81 (01-06)
Approved for use through 12/31/2008. OMB 0851-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/501,211
Filing Date	07/13/2004
First Named Inventor	Francisco Jose RICO NOVELLA
Title	METHOD OF SENDING AND VALIDATING
Art Unit	
Examiner Name	
Attorney Docket Number	600.004

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

000058152

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐

The address associated with the above-mentioned Customer Number:

OR

☒

The address associated with Customer Number:

000058152

OR

<input type="checkbox"/> Firm or Individual Name	
Address	
City	
Country	State
Telephone	Zip
Email	

I am the:

☒

Applicant/Inventor.

☐

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>[Signature]</i>	Date	
Name	Jorge MATA DIAZ	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 6 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/91 (01-06)

Approved for use through 12/31/2008. OMB 0851-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/501,211
Filing Date	07/13/2004
First Named Inventor	Francisco Jose RICO NOVELLA
Title	METHOD OF SENDING AND VALIDATING
Art Unit	
Examiner Name	
Attorney Docket Number	600.004

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

000058152

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

000058152

OR

Firm or Individual Name	
Address	
City	State Zip
Country	
Telephone	Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature		
Name	Juan Jose ALINS DELGADO	Date
Title and Company		Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 5 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/66120
Filing Date	07/13/2004
First Named Inventor	Francisco Jose RISO MOYER
Title	METHOD OF SENDING AND ALLOCATING
Art Unit	
Examiner Name	
Attorney-Docket Number	600.004

I hereby revoke all previous powers of attorney given in the above identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

000088152

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my sole attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above identified application to:

☐ The address associated with the above mentioned Customer Number:

OR

☒ The address associated with Customer Number:

000088152

OR

☐ Filing Individual Name:

Address:

City:

Country:

Telephone:

State:

Zip:

Email:

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/55/99)

SIGNATURE of Applicant or Assignee of Record

Signature:

Name:

Francisco Jose RISO MOYER

Date:

Title and Company:

Telephone:

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ Two (2) forms are submitted.

INFORMED OF INFORMATION REQUIRED BY 37 CFR 1.31, 1.32, and 1.33. The information is required to obtain or retain the benefit of the patent which is the subject of the above identified application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is submitted to the U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9169 and select option 2.